PATENT APPLICATION EDETERMINATION RECORD Effective December 8, 2004

pplication or Docket Number 10/519238

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												TUAN
		•	(Colum	n 1\	(Cohuma 2)		TYPE		OR			
U.S. NATIONAL STAGE FEES			(Colum	1)		Column 2)	7	RATE	FEE	1	RATE	FEE
BASIC FEE			SMALL ENT	- \$ 150	LARC	GE ENT. = \$ 300	┨			ļ. -		ree
			Satisfies PCT A			her situations =	1	BASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE			(4) = \$ 50 U.S. is ISA = 1	/\$ 100		100/\$ 200	ļ.	EXAM. FEE			EXAM, FEE	北京
SEARCH FEE			ALL other co	untries =		her situations = 250 / \$ 500		SEARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS,			min	us 100 =		/ 50 =		X \$ 125 =	:		X \$ 250 = \	
TOTAL CHARGEABLE CLAIMS			48 mi	nus 20 =	. 6	28		X \$ 25 =		OR	X \$ 50 =	1400
IND	EPENDENT CL	AIMS	4 "	ninus 3 =	•	1		X \$ 100 =		OR	X \$ 200 =	200
MUL	TIPLE DEPEN	DENT CLAIM PR	SENT					+\$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2							- .	TOTAL		OR	TOTAL	2500
CLAIMS AS AMENDED - PART II												
/	10 9 OC (Column 1) (Column 2) (Column 3)							SMALL ENTITY		OTHER THAN OR SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 48	Minus	• 4	8	=		X \$ 25 =		OR	X \$ 50 =	
	Independent	• 4	Minus	••• <i>5</i>	ت	.	·	X \$ 100 =		OR	X \$ 200 =	
. .	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
·								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
				•								
(Column 1) (Column 2) (Column 3)												
NT B		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
IDMENT	Total	•	Minus	••		=		X \$ 25 =		OR	X \$ 50 =	
AMEND	Independent	•	Minus	***				X \$ 100 =		OR	X \$ 200 =	
	FIRST PRES	ENTATION OF M	ULTIPLE DEPI	ENDENT C	CLAIM			+\$ 180 =		OR	+ \$ 360 =	
										OR	TOTAL ADOIT. FEE	
FEE ON FEE												
*	•	ımn 1 is less than the Imber Previously Pai	-									
***		imber Previously Paid inber Previously Paid					l in th	e appropriate box	in column 1.			